

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000083732

1. Entity Name

HEASLET CORPORATION

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90114 041 ***150.00

Principal Place of Business

431 S JUNO LN
JUNO BCH FL 33408
US

Mailing Address

431 S JUNO LN
JUNO BCH FL 33408-2037
US

2. Principal Place of Business

6148 S.E. RIVERBOAT DR.

3. Mailing Address

6148 S.E. RIVERBOAT DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART, FL

City & State

STUART, FL

4. FEI Number

65-0432378

Applied For

Not Applicable

Zip

Country

34997

USA

Zip

Country

34997

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEASLET, STUART
431 S. JUNO LANE
JUNO BEACH FL 33408

(ADDRESS CHANGE
ONLY)

7. Name and Address of New Registered Agent

Name STUART HEASLET

Street Address (P.O. Box Number is Not Acceptable)

6148 S.E. RIVERBOAT DRIVE

City

STUART

FL

Zip Code

34997

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

STUART HEASLET, RA

6 APRIL 2000

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HEASLET, STUART	
STREET ADDRESS	431 S JUNO LANE	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

(ADDRESS CHANGE
ONLY)

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEASLET, STUART	
STREET ADDRESS	6148 S.E. RIVERBOAT DR.	
CITY-ST-ZIP	STUART, FL 34997	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STUART HEASLET, PRESIDENT

Date

Daytime Phone #

6 APR 2000 561.781.1709